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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/626,345	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 22032.NP	
<b>APPLICANTS</b> Peter M. Stevens, Salt Lake City, UT;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/447,418 02/14/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/05/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Michael D. [Signature]</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Garron M. Hobson THORPE NORTH & WESTERN, LLP P.O. Box 1219 Sandy, UT 84091-1219					
<b>TITLE</b> Medical table extension and method					
<b>FILING FEE RECEIVED</b> 865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		